			Application or Docket Number										
	Effective October 1, 2003												
		_		10	1:6	208	42						
ľ			SMALL	ENTITY	· · ·	OTHE	R THAN						
Ŀ	<u> </u>	<u> </u>	(Colum	(Column 1) (Column 2				TYPE		. 0	R SMÁLL		
IL	TOTAL CLAIM	IS			<u> </u>			RATE	FE	E	RATE	FEE	
	OR	NUMBE	NUMBER FILED		BER EXTRA		BASIC F	EE 385.	00 OI	BASIC FEE	770.00		
	OTAL CHARG	EABLE CLAIMS	<u> </u>	minus 20=		0		X\$ 9=		·· Of	X\$18=		
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~	MULTIPLE DEPENDENT CLAIM PRESENT							+145=	·	OF			
•	* If the difference in column 1 is less than zero, enter "0" in column 2								4		`		
•	<i>"</i>		AMENDE		TOTAL	Ł	OF	R TOTAL					
•	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								ENTIT	Y OR	OTHER SMALL		
	7.	CLAIMS HIGHEST							ADD	—		ADDI-	
E		REMAINING AFTER AMENDMENT	1 7 7 2 -	PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONA FEE		RATE	TIONAL	
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ပ		CLAIMS REMAINING		HIGHE!	Я.	PRESENT	Г		ADDI-			ADDI-	
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1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+			OR			
·				_		٠.	+	145=	·	OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OR ADDIT. FEE													
1	ine Highest Nur he Highest Num	mber Previously Paid ber Previously Paid	id For IN THIS For (Total or	SPACE is li Independent	ess than) is the l	i 3, enter "3." highest number (ropriate b		- ·		
			1			•						• •	